

CITY OF Lodi COMMUNITY DEVELOPMENT DEPARTMENT Building & Safety PO BOX 3006, 221 W PINE ST LODI CA 95240 (209) 333-6714

## UNREASONABLE HARDSHIP DETERMINATION FOR COMMERCIAL ALTERATION PROJECTS

Policy and Procedure.:B January 2014

When the total construction cost of **alterations**, **or additions to existing buildings** and facilities does not exceed a valuation threshold of approximately \$139,934. based on "ENR US20 Cities" average construction cost index of 7660.29 (Engineering News-Record, McGraw Hill Publishing Company), and the enforcing agency finds that full compliance with the requirements for disabled access upgrades serving the area of alteration, or addition creates an "unreasonable hardship", an exception can be granted by the enforcing agency to allow for less than full compliance for the upgrades.

To be considered for such a determination, please complete the "Application for Unreasonable Hardship Exception to Disabled Access Requirements" requesting a determination. Note that such a determination is not a blanket exemption but, rather, limits the required cost of accessibility upgrades to 20% of the cost of your project on items in the following order of priority (as detailed in the 2013 California Building Code Section 11B-202.4, Exceptions 8). In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

- 1. An accessible building entrance and an accessible path of travel to this entrance from either the public sidewalk or the disabled parking stall.
- 2. An accessible route of travel from the accessible building entrance to the area of alteration, or addition.
- 3. At least one accessible restroom for each sex serving the area of alteration, or addition.
- 4. Accessible telephones, if provided, serving the area of alteration, or addition.
- 5. Accessible drinking fountains, if provided, serving the area of alteration, or addition.
- 6. When possible, additional accessible elements such as parking, storage and alarms.



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## APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO DISABLED ACCESS REQUIREMENTS

| ACCESS REQUIREMENT   | NIS  |   |  |  |
|--|--|---|--|--|
| Project Address  |  | Permit No.  |  |  |
| Project Name / Description T   |  | Total Construction Cost (Project  | Total Construction Cost (Project Valuation)  |  |
|  |  | \$  | \$   |  |
| It is requested that the above pr  | oioct ho granted an o                        |   | f the State of California  |  |
| It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. <b>The area of alteration itself may not be exempted.</b> |  |   |  |  |
| Access Features Item (provide description below)   | Does this feature meet T24's latest edition? | If not, is this feature going to be made accessible as part of this permit? | If so, what is the cost for making this feature accessible? (attach documentation) |  |
| 1. Path of travel to entrance  |  |   | \$   |  |
| 2. Entrance to building  |  |   | \$   |  |
| 3. Path of travel within building / facility to area of remodel  |  |   | \$   |  |
| 4. Elevator  |  |   | \$   |  |
| 5. Restrooms   |  |   | \$   |  |
| 6. Public telephones (if provided)   |  |   | \$   |  |
| 7. Drinking fountains (if provided)  |  |   | \$   |  |
| 8. Other (parking, signage, etc.)  |  |   | \$   |  |
| Total cost of access features pro  | vided (A)                                    |   | \$   |  |
| Total cost of construction of this project and all other work performed over the last three years in this tenant space (B)   |  |   | \$   |  |
| Percent of total cost of project (20% minimum): (A÷B) x 100  |  |   | %  |  |
| Description of access features to be provided  |  |   |  |  |
| This exception does not relieve the responsible parties from complying with the Federal American with Disabilities Act (ADA)   |  |   |  |  |
| APPLICANT INFORMATION  |  |   |  |  |
| Name (print) Signature   |  |   |  |  |
|  |  | 3   |  |  |
| Company Name / Title   |  | Company Address   | Company Address  |  |
| **************************************   |  |   |  |  |
| Staff Person / Title   |  | Approval Recommended (  | Approval Recommended (Y / N)   |  |
| Building Official (Sign & Date)  |  | Approved/Denied   | Approved/Denied  |  |